

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6-30-03 2 Serial/Patent # 09/478,702

| 3 Please refund the following fee(s):     |                                   | 4 PAPER NUMBER                               | 5 DATE FILED         | 6 AMOUNT             |
|---|-----------------------------------|--|----------------------|----------------------|
| <input type="checkbox"/>                  | Filing                            |  |                      | \$                   |
| <input type="checkbox"/>                  | Amendment                         |  |                      | \$                   |
| <input checked="" type="checkbox"/>       | Extension of Time                 | 18   | 6/24/03              | \$ 465 <sup>00</sup> |
| <input type="checkbox"/>                  | Notice of Appeal/Appeal           |  |                      | \$                   |
| <input type="checkbox"/>                  | Petition                          |  |                      | \$                   |
| <input type="checkbox"/>                  | Issue                             |  |                      | \$                   |
| <input type="checkbox"/>                  | Cert of Correction/Terminal Disc. |  |                      | \$                   |
| <input type="checkbox"/>                  | Maintenance                       |  |                      | \$                   |
| <input type="checkbox"/>                  | Assignment                        |  |                      | \$                   |
| <input type="checkbox"/>                  | Other                             |  |                      | \$                   |
|   |                                   | 7 TOTAL AMOUNT OF REFUND                     | \$ 465 <sup>00</sup> |                      |
|   |                                   | 8 TO BE REFUNDED BY:                         |                      |                      |
| <input type="checkbox"/>                  | Treasury Check                    |  |                      |                      |
| <input type="checkbox"/>                  | Credit Deposit A/C #:             |  |                      |                      |
| <input checked="" type="checkbox"/>       | , 18 -- 0582                      |  |                      |                      |
| 10 REASON:                                |                                   | No Fee Due (Explanation): <u>unnecessary</u> |                      |                      |
|   |                                   |  |                      |                      |
|   |                                   |  |                      |                      |
| 11 REFUND REQUESTED BY:                   |                                   |  |                      |                      |
| TYPED/PRINTED NAME:                       |                                   | <u>Wen Laymon</u> TITLE: <u>Att. Exam.</u>   |                      |                      |
| SIGNATURE:                                |                                   | <u>Wen Laymon</u> PHONE: _____               |                      |                      |
| OFFICE:                                   |                                   | *****  |                      |                      |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: |                                   |  |                      |                      |
| APPROVED: <u>Alma Kelly</u>               |                                   | DATE: <u>8/1/03</u>                          |                      |                      |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B